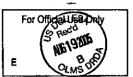
US Department of Labor Office of Labor Management Standards Washington DC 20210

## FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



1 File Number U 99/8

## **READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT**

2 Fiscal Year Covered From

1 / 1 / 2004 Through 12 / 31 / 2004

	4 1 41
3 Name and address of person filing	4 Name file number and address of labor organization
Name Richard C Bell	Name International Brotherhood of Teamsters
	Lebor Organization File Number 000-093
P O Box Bidg Room No If any	P O Box Building and Room Number if any
Street 25 Louisiana Avenue N W	Street 25 Louisiana Avenue N W
City Washington	City Washington
State District of Columbia ZIP Code + 4 20001	State District of Columbia ZIP Code + 4 20001
5 Position in labor organization	
	pouse or minor child directly or indirectly had any of the following interests clusions set forth in the instructions)
A Held an interest in engaged in transactions (including loans) with monetary value from an employer whose employees your organize	or derived income or other economic benefit of attention represents or is actively seeking to represent
	· · · · · · · · · · · · · · · · · · ·
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income
6 Name and address of Employer (including trade name if any)  Name	
• • • • • • • • • • • • • • • • • • • •	
Name	
Name Trade Name if any	
Name Trade Name if any	7 a Nature of Interest, Transaction or Income
Name Trade Name if any P O Box Bldg Room No if any	7 a Nature of Interest, Transaction or Income
Name Trade Name if any P O Box Bldg Room No if any Street	7 a Nature of Interest, Transaction or Income
Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income
Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State  ZIP Code + 4  S  15 Signature and verification The undersigned declares under penalty	7 a Nature of Interest, Transaction or Income  7 b Amount  gnature  of Perjury and other applicable penalties of the law that all of the information anying documents) has been examined by the signatory and is to the best of the
Name  Trade Name if any  P O Box Bidg Room No if any  Street  City  State  ZIP Code + 4  S  15 Signature and verification The undersigned declares under penalty submitted in this report (including the information contained in any accomp	7 a Nature of Interest, Transaction or Income  7 b Amount  gnature  of Perjury and other applicable penalties of the law that all of the information anying documents) has been examined by the signatory and is to the best of the

Name of Person Filing Richard Bell	File Number U
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested	
8 Name and address of Business (including trade name if any)	9 Business deals with
Name Labor Research Association	a Labor Organization
Trade Name if any	b Trust
PO Box Bidg Room No Ifany 13th Floor Street 330 West 42nd Street	c Employer
City New York	
State New York ZIP Code + 4 10036	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name	Provides consulting services to labor organizations
Trade Name if any	
PO Box Bldg Room No If any	
Street	11 b Approximate dollar value of such dealing \$357 330
City	12 a Nature of interest held or income received  Holiday gift of candies cookies and fruit
State ZiP Code + 4	
	12 b Amount \$100
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment
Name	
Trade Name if any	
PO Box Bldg Room No If any	
Street	
City	
State ZIP Code + 4	
13 b Is the Business an Employer or Consultant?	14 b Amount of payment